

Re: application 09\780221

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Claims 1-3, 5-18 and 20-43 are in affect dissimilar from Edelson et al. (5737539) and Pham et al. (5524253).

(A) As per rejection (5A) of claim 1, Edelson et al., claims 1-5 refer to a prescription creation system whereby complete program files for the prescription management system along with e-mail services and any other non-personal applications col. 46, lines 11-17, information is maintained from the host facility col. 45, lines 55-64, to the prescription creation system. Edelson fails to teach the code translator for converting data block, in addition Pham et al. fails to teach precise code translation for a prescription creation system whereby a prescription creation system can utilize information from other dissimilar systems claims 9, 10, 14, 24, 26, 27, 33, 43 for the purpose of prescription creation. Pham et al. col. 16, lines 34-56 teaches conversion routines between dissimilar systems referred to as Common Data Representation (CDR) but fails to teach precise conversion routines for specific use with a prescription creation system. It would not be obvious to one having ordinary skill in the art at the time of the invention to use CDR as it relates to a prescription creation system as a Common Data Representation for a prescription creation system was not known.

(B) As per rejection (5B) of claim 14, Edelson et al. teaches a prescription creation system and suggests the code translator, whereas claim 14 teaches a data handling and transfer system for a prescription creation system. Edelson fails to teach the code translator for converting data block, in addition Pham et al. fails to teach precise code translation for a prescription creation system whereby a prescription creation system can

utilize information from other dissimilar systems claims 9, 10, 14, 24, 26, 27, 33, 43 for the purpose of prescription creation. Pham et al. col. 16, lines 34-56 teaches conversion routines between dissimilar systems referred to as Common Data Representation (CDR) but fails to teach precise conversion routines specific with a prescription creation system. It would not be obvious to one having ordinary skill in the art at the time of the invention to use CDR as it relates to a prescription creation system as a Common Data Representation for a prescription creation system was not known.

(C) As per rejection (5C) of claim 25, Edelson et al. col. 54, lines 42-51 teaches a prescription creation system comprising patient history record from elements retrieved from remote source databases and relevant drug and patient information retrievable from remote sources databases but fails to teach a method by which retrieval of such information is available as it pertains to a prescription handling system. Additionally, Pham et al., fails to detail specific CDR as it pertains to a prescription creation systems or prescription handling system for the purpose of converting the received electronic prescriptions from the respective format, detect possible dangers to respective patients, for whom the electronic prescriptions are generated and transmitted to the respective target applications.

(D) As per rejection (5D) of claim 35, Edelson at al., teaches a prescription creation system or electronic prescription generation software, claim 35, but fails to recite the code translator. Additionally, Pham et al., fails to identify specific CDR as it pertains to a prescription creation systems or prescription handling system for the purpose of converting the received electronic prescriptions from the respective format, detect possible dangers to respective patients, for whom the electronic prescriptions are

generated and transmitted to the respective target applications as per claim 25. It would not be obvious to one having ordinary skill in the art at the time of the invention to use CDR as it relates to a prescription creation system as a Common Data Representation for analyzing medical prescriptions for drug interaction from different applications programs was not known.

(E) As per rejection (5E) of claims 2, 26, Pham et al. teaches the second code translator for converting data from common formatting convention to target software formatting convention but fails to identify specific CDR as it pertains to a prescription creation system or prescription handling system.

(F) As per rejection (5F) of claims 3, 18, 37, 40, Pham et al. teaches transfer of data to applications in a new machine and a request manager for performing request actions but fails to identify specific CDR as it pertains to a prescription creation system or prescription handling system. As data conversion may or may not include a transmitter for transfer/send data or files, such is not well known at the time of the invention, a method for explicitly transmitting data between a prescription creation system, prescription management system and different application programs as per claim 1.

(G) As per rejection (5G) of claims 5, 6, Edelson et al. col. 30, lines 44-50, col. 30, line 60 to col. 31 line 6, teaches an application program for prescription analyzing and alert signal generation but fails to identify a translator for connecting external prescription analyzers outside the host facility for the purpose of cross-checking data in a prescription creation system within the host facility and data external from the host facility.

(H) As per rejection (5H) of claims 7, 22, 32, Pham et al. teaches formatting convention however fails to identify specific CDR as it pertains to electronic prescriptions created by a prescription creation system, a prescription handling system or related system

(I) As per rejection (5I) of claims 8, 30, Pham et al. teaches data field detector and definition module but fails to identify specific CDR as it pertains to electronic prescriptions created by a prescription creation system, a prescription handling system or related system.

(J) As per rejection (5J) of claims 9, 15, 29, 39, Pham et al. teaches first code translator for the application program located on a first computer, application programs on different second but fails to teach CDR to/from the network system for sending to a destination application as it pertains to electronic prescriptions created by a prescription creation system, a prescription. Claim 29 teaches code translator for electronic prescriptions where claim 39 teaches converting and transforming data blocks whereas data specific to electronic prescriptions.

(K) As per rejection (5K) of claims 10-12, 24, 33, 43, Edelson et al. discloses application programs for prescription programs, drug formulary, drug interaction, accounting programs, patient/medical record keeping, insurer, claims processing program, databases but fails to teach code translation for converting data block from a respective format to a common format for transmission to another system. Additionally, Pham et al., fails to identify specific CDR as it pertains to prescription programs, drug formulary, drug interaction, accounting programs, patient/medical record keeping, insurer, claims processing program for the purpose of converting the received electronic

prescriptions from the respective format, detect possible dangers to respective patients, for whom the electronic prescriptions are generated and transmitted to the respective target applications as per claim 25.

(L) As per rejection (5L) of claims 13, 23, 34, Edelson et al. discloses a integrity check module col. 11, lines 46-51, but fails to identify the appropriate arrangements col. 47 lines 13-20, necessary to facility an integrity check for transmitted data to the respective target applications as per claim 25.

(M) As per rejection (5M) of claims 16, 17, 27, 28, 36, 38, Pham et al. teaches that a second code translator (i.e. un-marshalling module) can reside in the first or second computer network, but fails to detail specific CDR as it pertains to a prescription creation systems or prescription handling system for the purpose of converting the received electronic prescriptions to the respective format for whom the electronic prescriptions are generated and transmitted to the respective target applications.

(N) As per rejection (5N) of claims 20, 21, 41, 42, Edelson et al. disclosed a data processing module for prescription analysis within the prescription creation system but fails to identify a module for analyzing prescriptions for potential drug interactions while data is transmitted between a prescription creation systems and drug formulary, drug interaction, accounting programs, patient/medical record keeping, insurer, claims processing program, databases.

(O) As per rejection (5O) of claim 31, Edelson et al. teaches the medical record database, the drug interaction database and the determination of possible drug interaction within a prescription creation system but fails to identify a module for analyzing prescriptions for potential drug interactions or contraindications while data is transmitted

between a prescription creation systems and drug formulary, drug interaction, accounting programs, patient/medical record keeping, insurer, claims processing program, databases.